

PARENTAL CONSENT FORM
Pinecrest High School

PERMIT TO BE TRANSPORTED TO:

Type of Function: NCTC High School State Play Fest

Date of Function: Nov 19-20, 2015

Location: Greensboro College

City/State: Greensboro, NC

I hereby signify my approval for _____ to attend the above listed function.

Each student participating will conduct himself/herself in an appropriate manner. Pinecrest reserves the right to restrict anyone from participating who fails to follow normal precautions, or is seen to be a hazard to his/her, or anyone else's safety and well-being.

I hereby agree to release the Moore County Schools, its representatives, agents, and employees from liability for any injury to above named person, resulting from any cause whatsoever occurring to above named person at any time while participating in this function.

I do voluntarily authorize the advisor or designees to administer and/or obtain routine emergency diagnostic procedures and/or routine or emergency medical treatment for the above named person as deemed necessary in medical judgment.

SIGNED:

Parent's Signature _____ Date _____
Teacher's Signature Ad W. Z Date 11-2-15

Address _____
Principal's Signature Robert Quisenberry Date 11/4/15 *

City, Zip _____ School _____

Telephone Number _____

Student's Medical Insurance Company _____ Medical Insurance Policy Number _____

**PINECREST HIGH SCHOOL
250 VOIT GILMORE LN.
SOUTHERN PINES, NC 28388-1259**

FIELD TRIP PERMISSION FORM

STUDENTS NAME: _____

SUPERVISING TEACHER(S): Adam Faw

LOCATION OF FIELD TRIP: Greensboro College, NCTC State Play Festival

DATE OF FIELD TRIP: Nov 19-20 (overnight stay)

TO BE COMPLETED BY PARENT/GUARDIAN:

My child, _____, has permission to participate in this field trip and all of the activities associated with this trip. Under no circumstances will Pinecrest High School, the instructor(s), nor Moore County School System be held liable in case of an accident.

The supervising teacher also has my permission to authorize medical treatment for my child if needed.

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

Medical Insurance Primary Insured Person: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Parent Signature

Date

Teacher Permissions:

1st Period approve/disapprove _____
A Day Signature

2nd Period approve/disapprove _____
A Day Signature

3rd Period approve/disapprove _____
A Day Signature

4th Period approve/disapprove _____
A Day Signature

1st Period approve/disapprove _____
B Day Signature *MLD*

2nd Period approve/disapprove _____
B Day Signature

3rd Period approve/disapprove _____
B Day Signature

4th Period approve/disapprove _____
B Day Signature